

**Quality Improvement Plan
The Florida Department of Health in Broward
2013 2014**

Section 1

Introduction

Introduction : Mission, Vision, Values, and Scope of Service

Mission

To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision

To Be the **Healthiest State** in the Nation

Values

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.

The Florida Department of Health in Broward County (DOH-Broward) is the county health department located in Fort Lauderdale, Florida. It provides population/community-based services to the county's 1.8 million residents and over 10 million annual visitors, and is responsible for assessing, maintaining and improving health and safety within the county. Although Florida Department of Health in Broward dates back to 1936, the current organizational structure dates to 1997 when the legislature created the Department of Health and the Department of Children and Families from the former Department of Health and Rehabilitative Services (HRS).

The DOH-Broward is the lead agency providing core public health functions and essential services in the county as part of a complex public health system that includes hospitals, clinics, planning agencies, community-based organizations and others. Public health is a fundamental element of the quality of life available to residents and visitors in Broward County and focuses on protecting and promoting community health through organized state and community efforts and a cooperative agreement with the county. The DOH-Broward

currently employs approximately 536 staff and has an annual budget in excess of \$42 million.

In order to best achieve its mission and vision, The DOH-Broward is organized into a number of program areas that focus on the surveillance, prevention, detection and treatment of the most significant health and environmental issues within the county. The major services provided by the Department include:

Disease Control and Prevention Programs: HIV/AIDS Prevention, Immunizations, Sexually Transmitted Diseases (STD), Tuberculosis Control (TB), Epidemiology (Communicable Disease Control, Prevention and Surveillance), and Health Promotion and Social Marketing. Health Services to Targeted Populations: Healthy Start Data Management (pregnant women and children age 0-3), School Health, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Refugee Health, Family Planning, Early Detection of Breast and Cervical Cancer, Jail Linkage to Care, Asthma program, Lead program, Hepatitis prevention.

Environmental Health Services: Food Hygiene Inspections of Institutional Facilities, Drinking Water Treatment and Distribution Facilities, Biomedical Waste, Tattoo and Body Piercing, Beach Monitoring and Public Notification, Public Swimming Pool and Bathing Places Inspections, Group Care Facilities Inspections, Trailer Park, Mobile Home and Migrant Housing Inspections, Sanitary Nuisance and Rodent Control.

Other Health Services: Public Health Preparedness, Emergency/Disaster Response, Special Needs Evacuation Centers, Vital Records (birth and death certificates), Pharmacy, and Dental.

A wide variety of professional and paraprofessional public health staff provide services within the program areas. These include Board Certified Physicians, Registered Nurses, Advanced Registered Nurse Practitioners, Dietitians, Epidemiologists, Dentists, Pharmacists, and various other health care workers, disease intervention/environmental specialists and environmental engineers.

Many of the services provided by The DOH-Broward are funded and mandated by the Florida legislature. A significant number of services also are funded through grants provided by various sources including the federal government, through Broward County and through fees collected for providing services. In addition, equivalent sources of funding are provided through many state and local agencies and individuals via the offering of both in-kind and volunteer services.

The following Quality Improvement Plan serves as the foundation of the commitment of The DOH-Broward to continuously improve the quality of the product and services it provides.

Quality. Quality services are services that are provided in a safe, effective, recipient-centered, timely, equitable, and recovery-oriented fashion.

The DOH-Broward believes that the overall approach to maintaining an organizational focus on performance improvement, including organizational learning, is through strategic planning and systematic evaluation and improvement methods. The strategic planning process outlines the ongoing evaluation of organizational objectives and opportunities to develop action plans to close gaps. Active Strategy, the performance management system is used to deploy and track organizational goals and business results on a monthly, quarterly and annual basis.

The DOH-Broward uses several systematic approaches to ensure the continuous evaluation and improvement of our services, systems and processes. These include our leadership review processes, process management, employee involvement problem-solving teams/workgroups (6 Sigma), and the systematic assessment of our management system through regular assessments utilizing the Malcolm Baldrige Criteria for Performance Excellence. Our approach to systematic knowledge and skill-sharing throughout the organization is accomplished through our collaborative involvement structure and sharing at all levels, through an annual employee conference/programmatic retreat, regular team reviews, monthly leadership meetings and wide availability of data and information (SharePoint, CHARTS, FLAIR, FIRS, etc.)

The DOH-Broward is committed to the ongoing improvement of the quality of public health care its customers receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- The treatment provided incorporates evidence based, effective practices;
- The treatment and services are appropriate to each customer's needs, and available when needed;
- Risk to customers, providers and others is minimized, and errors in the delivery of services are prevented;
- Customer's individual needs and expectations are respected; customers – or those whom they designate – have the opportunity to participate in decisions regarding their treatment; and services are provided with sensitivity and caring;
- Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and all providers of care.

Quality Improvement Principles. Quality improvement is a systematic approach to assessing services and improving them on a priority basis. The DOH-Broward's approach to quality improvement is based on the following principles:

Customer Focus. High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.

Employee Empowerment and Collaboration. Effective programs involve people at all levels of the organization in improving quality.

Leadership Involvement. Strong leadership, direction and support of quality improvement activities by the Director and Senior Leadership team are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with the Department's mission and/or strategic plan.

Data Informed Practice. Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.

Statistical Tools. For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. CQI organizations use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms, and control charts to turn data into information.

Prevention of Over Correction. Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.

Continuous Improvement. Processes must be continually reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

Continuous Quality Improvement Activities. Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by the Department's leadership, is understood, accepted and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels in performance improvement. Quality Improvement involves two primary activities:

Measuring and assessing the performance of clinic services through the collection and analysis of data through Active Strategy.

Conducting quality improvement initiatives and taking action where indicated, including the design of new services, and/or improvement of existing services.

Leadership. The key to the success of the Continuous Quality Improvement process is leadership. The following describes how the leaders of the DOH-Broward provide support to quality improvement activities.

The **Quality Improvement Committee** provides ongoing operational leadership of continuous quality improvement activities at the clinic. It meets at least monthly or not less than ten (10) times per year and consists of the following individuals:

Organizational Development Director
Performance Excellence Manager
Workforce Engagement Manager
Business Metrics Manager
Human Resources Director

The responsibilities of the Committee include:

- # Developing and approving the Quality Improvement Plan.
- # As part of the Plan, establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of DOH-Broward services.
- # Developing indicators of quality on a priority basis.
- # Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- # Establishing and supporting specific quality improvement initiatives.
- # Reporting to the Senior Leadership Team on quality improvement activities of the DOH-Broward on a regular basis.
- # Formally adopting a specific approach to Continuous Quality Improvement (6-Sigma).

The Leaders support QI activities through the planned coordination and communication of the results of measurement activities related to QI initiatives and overall efforts to continually improve the quality of services provided. This sharing of QI data and information is an important leadership function. Leaders, through a planned and shared communication approach, ensure the, staff, recipients and family members have knowledge of and input into ongoing QI initiatives as a means of continually improving performance.

This planned communication may take place through the following methods;

- Story boards and/or posters displayed in common areas
- Recipients participating in QI Committee reporting back to recipient groups
- Sharing of the clinic's annual QI Plan evaluation
- Newsletters and or handouts

The following is the QI process of the BCHD and exemplifies the organizations culture of continuous improvement.

Administration

Fiscal

- Indicators as per Administrative Snapshot
- Indicators as per Accounts Receivable Control Report
- Indicators as per Trust Fund report
- Indicators as per CHD Dashboard
- Voucher error rate- quarterly
- Bank account reconciled within 14 days- annually
- Reconciling items in more than 2 months- quarterly
- % of requisitions requiring revision- monthly

General Services

- Indicators as per CHD Dashboard
- % of vehicles in compliance with preventive maintenance - monthly
- Mileage log accuracy rate- monthly
- Score on facility inspections for custodial services- monthly
- % of Priority 1 general services requests completed within 24 hours - monthly
- % of staff very satisfied on internal customer survey- monthly

Vital Statistics

- Average cycle time- quarterly
- % of birth and death certificates processed within 5 days- monthly
- SAT score- annually

Clinical Services:

Family Planning

- % of records in compliance on chart audit- every other month
- Peer review score of each provider- annually
- % of family planning waiver records in compliance on audit- semi-annually
- Nursing skills assessment -annually
- IEC Committee- annually
- % clients very satisfied- monthly
- Average clinic cycle time- monthly
- No show rate- monthly
- % of clinical capacity utilized- monthly

STD Clinical Services

- % of charts in compliance on chart audit for nursing practice-quarterly
- Nursing skills assessment- annually
- % clients very satisfied- monthly
- % clients very satisfied- monthly
- Average clinic cycle time- monthly
- No show rate- monthly

- % of clinical capacity utilized- monthly

Laboratory

- Competency assessment by Laboratory Director of provider microscopy- quarterly
- Proficiency testing for RPR, gram stain and lead testing- quarterly

Dental

- % of charts in compliance on record review of children's dental services- quarterly
- % of charts in compliance on record review of Ryan White dental services- quarterly
- Cost per visit- monthly
- Revenue per visit- monthly
- % of capacity utilized- monthly

Community Health Division:

School Health Program

- Audit of all school health rooms for 5 indicators from the school health monitoring checklist-monthly
- Record audit of the CUM files- semi annually
- % of completed screenings- three times per year
- Validation of Core Monitoring - yearly

Florida Breast and Cervical Cancer Prevention Program

- % of screening goal for breast cancer- monthly
- % of screening goal for cervical cancer- monthly

Breast: Monthly

- % with date of final diagnosis over 59 days of abnormal screen
- % of women who refuse diagnostic follow up
- % of women lost to diagnostic follow up
- % treatment started from final diagnose for invasive breast cancer over 59 days

Cervical: Monthly

- % with date of final diagnosis over 59 days of abnormal screen
- % of women who refuse diagnostic follow up
- % of women lost to diagnostic follow up
- % treatment started from final diagnose for invasive breast cancer over 59 days

Tobacco Prevention Program

- Indicators as per monthly ATACS report- monthly

Dating Matters

- Parent Curricula: % of yearly target # of parents participating in parent sessions
- Number of parent participants - yearly
- Number of sessions completed - yearly
- Percentage of sessions completed of target (3 or 6) - yearly
- Percentage of parents that complete all sessions - yearly

Healthy Start Screening Office

- % screens processed within 5 days of receipt- monthly
- % of screens uploaded within 7 days of receipt- monthly

KidCare Outreach- monthly unless indicated

- # of presentations/trainings
- # of community events
- # of materials distributed
- # of phone calls received
- % of students contacted via their application for free and reduced lunch who indicated no health insurance
- # of Certified Application Assistance Sites (CAAS) sites recruited
- # of applications completed via CAAS sites

Volunteer Services

- Dollar value of services annually

Communicable Disease: Immunizations

- 2 year old immunization rate- annually
- Kindergarten immunization rate- annually
- Seventh grade immunization rate- annually
- Vaccine accountability- monthly and annually
- % of providers using Florida Shots- semi-annually
- % of target of provider outreach visits made- annually

Epidemiology

- Timeliness of initiation rate- monthly
- % of investigations completed within 14 days- monthly
- Merlin data quality rate- daily and annual score per employee
- % of disease reports received from hospitals within the required time period- monthly
- % of syndromic surveillance reports that result in the expected diagnosis- weekly

HIV Surveillance

- % of cases with no identified risk- monthly
- % of required interviews completed- monthly

TB

- % of charts found to be compliant in chart audits - monthly
- % of clients receiving their Directly Observed Therapy (DOT) in a timely and satisfactory manner- monthly
- Results of quarterly case conferences
- % of TB cases completing therapy - annually
- % of smear positive/culture positive cases with identified contacts - monthly
- % of infected contacts evaluated - monthly
- % of contacts placed on LTBI treatment - monthly

- % of contacts completing LTBI treatment - annually
- % of TB cases in compliance with therapy - monthly

Refugee Health

- % clients screened within 90 days of arrival - monthly
- % invoices submitted within 2 months of service - monthly

Pharmacy

- # of prescriptions dispensed per pharmacist by site- monthly
- Narcotics inventory compliance rate- monthly
- Inventory compliance rate- quarterly (random) and annually
- % of items in compliance on Internal Control Questionnaire- annually
- # of pharmacy errors- monthly

HIV/AIDS

Testing

- HIV Positivity rate for testing programs - annually
- % with positive tests who receive post test counseling- monthly
- % with positive tests who are linked to care- monthly
- Results of contract monitoring for testing contracts
-

Prevention

- Prevention plan submitted and updated as per requirements - annually
- Results of contract monitoring for prevention contracts

ADAP

- % of records in compliance on record review- quarterly
- No show rate- monthly
- Wait time for appointment- monthly
- % of clients seen within certification date- monthly

PROACT(Treatment Adherence)

- % of PROACT clients with suppressed viral load – annually
- Community viral load- annually

STD Partner Services

Syphilis

- Partner index- weekly
- Cluster index- weekly
- Disease intervention index- monthly

HIV

- Partner index- weekly
- Cluster index- weekly
- % of cases with new partners and clusters tested- monthly

STD Field Outcomes

Syphilis

- % of high titer field records closed within 14 days- monthly
- % of neonatal/prenatal syphilis records assigned within 3 days- monthly
- % of neonatal/prenatal syphilis records closed within 5 days- monthly
- % of pregnant females treated at least 30 days prior to delivery- monthly
- % of new partners or clusters examined within 14 days- monthly
- % of contacts that are epidemiologically treated or newly diagnosed - monthly

HIV

- % of new HIV positive field records located and counseled within 14 days- monthly
- % of partners and clusters to new HIV positives located and tested within 14 days- monthly

STD Surveillance

- % of lab reports dispersed to the field within 3 days of receipt- monthly
- % of accuracy for field records- monthly

Health Promotion:

- Customer satisfaction results for presentations- monthly
- # website hits- monthly
- # of press releases- monthly
- % of press releases picked up by the media- monthly
- % of response to non urgent media inquiries within 24 hours- monthly
- % of response to contact by the DOH Office of Communications within 1 hour- monthly

Drowning Prevention

- # of PSAs broadcasted- quarterly
- # of presentations- quarterly
- # of community meetings attended- quarterly
- # of packets distributed- quarterly
- # of participants in trainings- quarterly
- # of door alarms distributed- monthly
- % of families visited by BSO who receive information- monthly
- % of families visited by BSO who received protective device- monthly
- % of families who receive a 3 month follow up visit- monthly
- % of families visited who do not experience a drowning event within one year of installation of protected device- annually

Organizational Development:

- % of employees completing New Employee Orientation (NEO)- monthly
- % of employees in compliance with the required BCHD trainings- annually
- % of employees satisfied with the semi annual staff conferences- semi- annually
- % of BCHD quality indicators showing improvement- monthly
- % of activities in the strategic plan completed according to the timeline- annually
- % of EARS/CSR's completed within 7 days of the date of services – weekly
- % of EARS with supervisory approval within 14 days of date of service –weekly

•

Human Resources

- Turnover rate- annually
- % of supervisors completing Basic Supervisory Training (BST) within 6 months- semi- annually
- % of Workers comp claims reported within 7 days- monthly
- Labor relations score- annually
- % of completed timesheets- monthly
- # of positions vacant more than 180 days- monthly
- % of employees with no special comp leave- quarterly
- % of employees with completed race code in People first- quarterly
- % of employees with clear and active license documented in People First- monthly
- % of employee with drug screen for safety sensitive positions- monthly
- % of employees with completed back ground screen for safety sensitive positions- monthly
- Classification Post Audit Logs submitted within 30 days of action- monthly

Public Health Preparedness

- CRI score- annually
- # of MRC volunteers- monthly
- % of staff in compliance with preparedness training plan- annually

Regulatory Division:

Call Center

- % compliance during call monitoring- monthly
- % abandoned calls- monthly
- Average hold time - monthly

Environmental Health

- % of records in compliance during record audit- semi annually
- Score on DEP audit of delegated water program- annually
- % of required inspections completed by program- monthly
- % of inspections completed on time by program - monthly
- Re-inspection rate by program- monthly
- Actual vs. expected revenue- monthly
- % of new OSTDS permits issued in 21 days- monthly
- % of OSTDS repair permits issued in 3 days- monthly
- Results of observation of each inspector- quarterly
- % accuracy of inspection reports- weekly

Health Records Management

- % of records released within 5 days of receipt of request - monthly
- % records in compliance during chart audit- monthly
- Audit tool for EHR- in development

Risk Management

- # of incident reports- monthly
- # of Level 1 Information Security Incident Reports- monthly
- % of fire drills completed- semi-annually
- % of items in compliance on facility safety inspections- semi-annually

WIC

Employee

- Scorecard consisting of productivity, record audit and observation - monthly

Unit Level and Program level- monthly unless specified

- # of Nutrition Education contacts per certification period
- First trimester entry into WIC
- Breast feeding initiation rate
- Breast feeding duration rate
- Non participation rate
- Participation rate
- Non contract formula rate
- % of pregnant women given an appointment within 14 days
- % of children given an appointment within 20 days
- % compliance with state monitoring tool – semi annually
- % inventory compliance by site for formula, food instruments and VOC/ID cards
- % vendor compliance- semi annually
- % of eligible population served

Contract Management

- % of contracts that have completed the required routing and approval process - monthly
- % of contracts in compliance – as per monitoring
- % of contract on a Corrective Action Plan - monthly
- % of contracts where the required financial remedy has been implemented for non-compliance – monthly
- % of contracts with required Civil Rights checklist completed – monthly
- % of contracts with required Civil Rights checklist in compliance- monthly